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FINANCIAL STATUS REPORT

(Short Form)

(Follow instructions on the back)

1. Federal Agency and Organizational Element to which Report is Submitted U.S. Dept. of Justice Office of Justice Programs		2. Federal Grant or Other Identifying Number Assigned By Federal Agency 95-CF-WX-1412		OMB Approval No. 0348-0039	Page 1 of 1 pages
3. Recipient Organization (Name and complete address, including ZIP code) Elgin City Police Department PO Box 128 Elgin, OR 97827-0000					H3
4. Employer Identification Number 936002155		5. Recipient Account Number or Identifying Number OR 03102F		6. Final Report ☒ Yes ☐ No	7. Basis ☒ Cash ☐ Accrual
8. Funding/Grant Period(See Instructions) From: (Month, Day, Year) 03/01/95		To: (Month, Day, Year) 02/28/98		9. Period Covered by this Report From: (Month, Day, Year) 01/01/98 To: (Month, Day, Year) 02/28/98	
10. Transactions:		I Previously Reported 12/31/97		II This Period	
a. Total outlays		90,256		6,656	
b. Recipient share of outlays		20,613		6,598	
c. Federal share of outlays		69,643		58	
d. Total unliquidated obligations		***		***	
e. Recipient share of unliquidated obligations		FOR		FOR	
f. Federal share of unliquidated obligations		OJP		OJP	
g. Total Federal share (Sum of lines c and f)		USE		USE	
h. Total Federal funds authorized for this funding period		ONLY		ONLY	
i. Unobligated balance of Federal funds (Line h minus line g)		***		***	
11. Indirect Expense		a. Type of Rate(Place "X" in appropriate box) ☐ Provisional ☐ Predetermined ☐ Final ☐ Fixed			
b. Rate		c. Base		d. Total Amount	
				e. Federal Share	
12. Remarks: attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation.					
A. Block/Formula passthrough \$		PROGRAM INCOME:		E. Expended \$	
B. Federal Funds Subgranted \$		C. Forfeit \$		F. Unexpended \$	
		D. Other \$			
13. Certification: I certify to the best of my knowledge and belief that this report is correct and complete and that all outlays and unliquidated obligations are for the purposes set forth in the award documents.					
Typed or Printed Name and Title Joe Garlitz Recorder				Telephone (Area code, number and extension) 541 437-2253	
Signature of Authorized Certifying Official Joe Garlitz				Date Report Submitted 3-10-98	

John Weaver

	JAN 98	FEB 98
Salary	2488	2432
Ricn	151	151
Med C	35	35
Pers	146	146
Med Ins	366	366
we 5%	122	122
Un 3%	73	73
	<u>3,331</u>	<u>3,325</u>
		<u>6656</u>